



REISSUE/0390

PATENT
ATTORNEY DOCKET NO. 43890-489

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Con Reissue Application of: Attn: BOX REISSUE
Ichiro KAWAMURA et al.

Serial No.: 10/014,431

Group Art Unit: 2653

Filed: December 14, 2001

Examiner: D. OMETZ

For: RECORDING MEDIUM CARTRIDGE AND SIGNAL RECORDING APPARATUS

AMENDMENT TRANSMITTAL

Honorable Commissioner of Patents
and Trademarks,
Washington, D.C. 20231

Sir:

1. X Transmitted herewith is an amendment for the above-identified application.

STATUS

2. X Applicant is is small entity - verified statement:
 attached already filed.
X other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

- (a) Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<u> </u> one month	\$ 55.00	\$ 110.00
<u> </u> two months	205.00	410.00
<u> </u> three months	465.00	930.00
<u> </u> four months	725.00	1,450.00

Fee \$

If an additional extension of time is required, please consider this a petition therefor.

 An extension for months has already been secured and the fee paid therefor of is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$

- (b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

4. X The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total	:	:	:	:	:
Claims	: 9	: 25	: 0	: x \$ 18.00 =	: 0.00
Independent	:	:	:	:	:
Claims	: 4	: 4	: 0	: x \$ 84.00 =	: 0.00
Multiple Dependent Claims (first presentation)					: \$280.00 =
Total					= : 0.00
Reduction by 1/2 for small entity					: - 0
TOTAL FEE					: \$ 0.00

- (a) X No additional fee for claims is required.

-OR-

- (b) The total additional fee for claims required \$.

FEE PAYMENT

5. Attached is a check in the amount of \$.

 Charge Deposit Account No. 50-0417 the amount of \$. A duplicate copy of this Transmittal is enclosed for accounting purposes.

FEE DEFICIENCY

- X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Date:

3/4/03

By:

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